Please send a digital colour photograph ppa@politsei.ee: minimum resolution of at least An applicant of at least 15 years of age shall sign in the space provided. An applicant from 7 to 14 years of age, or a grown-up applicant with restricted legal capacity, may sign in the space provided. 1300 x 1600 pixels • file size 1 − 5 MB In the case of an applicant under 7 years of age, or a person who is file format JPG incapable of signing, the space for signature shall remain blank. The sample signature shall be written in dark ink and the signature must not cross the borders of the signature box. APPLICATION FOR IDENTITY DOCUMENTS To be completed in capital letters. Names of a person must be written in Latin letters in the same form as in the person's identity document. Corrections are not allowed. If there is no data, make a dash. Fields marked with an asterisk are optional. PERSONAL DATA Given name or names Surname or names Estonian personal code or date of Gender Country of birth (please indicate the current name of the **birth** (dd.mm.yyyy) ☐ female country) ☐ male Citizenship or citizenships Education (state the highest graduated educational level)* Nationality* Native language* **CONTACTS** Contact address (street/farm, house number, apartment number; village/borough/city; parish; Zip code county; country) E-mail Phone number DOCUMENTS BEING APPLIED FOR AND PICK-UP LOCATIONS The documents shall be issued to the applicant, his/her legal representative or authorised person. **Pick-up location** ☐ Identity card First application Expiry of document Data changed Lost/destroyed/stolen Document unusable Pick-up location ☐ Estonian citizen's passport First application Expiry of document Data changed Lost/destroyed/stolen Document unusable LEGAL REPRESENTATIVE An application for a child under 15 years of age or a person with restricted active legal capacity shall be submitted by his/her legal representative. An applicant who is at least 15 years old can submit the application independently. Given name and surname or names of representative Estonian personal code or date of birth (dd.mm.yyyy) Name of the representing institution Register code of the representing institution I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable. I confirm, that I agree to the terms and conditions for use of certificates, available at www.id.ee/termsandconditions, when applying for an ID-card, Residence card or Digital identity card. Signature of the applicant or his/her legal representative Date (dd.mm.yyyy) SHALL BE COMPLETED BY AN OFFICIAL

Name, signature

Accepted for procedure (dd.mm.yyyy)